

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

<p><i>ADDRESS TO:</i></p> <p>Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450</p>	<p>Attorney Docket No.: IS01164TC</p> <p>Application No.: 10/737,234</p> <p>Filing Date: 12/16/2003</p> <p>First Named Inventor: Grivas</p> <p>Group Art Unit: 2617</p> <p>Examiner: Phuong, Dai</p>															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application to and including September 28, 2008.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 80%;">One Month (37 CFR 1.17(a)(1))</td> <td style="width: 10%; text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two Months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Three Months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ 1050.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four Months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five Months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$</td> </tr> </table>		<input type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$	<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$	<input checked="" type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 1050.00	<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$
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<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$														
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or to credit any overpayment to Deposit Account Number 50-3987.</p>																
<p>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</p>																
Name	Joanna Skyles															
Reg. No.	54,454															
Signature	/Joanna Skyles/															
Date	September 29, 2008															

EXT (Rev. 1/3/01)